MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

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*MAY SE USEU FOR ADDIT PRAT CLAIMS OR ADMENDITENTS

FORM PTO-1980 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE Patient and Tradement Office